

REPORT COVERING:

2006-005
2060098

FOR OFFICE USE ONLY
Postmark Date: _____

- JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15
- JANUARY 1 through DECEMBER 31, 2005 - DUE BY FEBRUARY 15

1. Name: Reeves Christie MI
Last First State

2. Business Address: 1807 Tower Dr Monroe La 71201
Street and No. City State Zip

Mailing Address: same

3. Business Phone: 318-362-7702
Area Code and Telephone Number

4. Employer: Regions Morgan Keegan Trust

5. Employer's address: 1807 Tower Dr Monroe La 71201
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:
- | | | | |
|---------------------------------|------------------------------|--|-----------------------------|
| From January 1 through June 30 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | NA <input type="checkbox"/> |
| From July 1 through December 31 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | NA <input type="checkbox"/> |

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:
- | | | | |
|---------------------------------|------------------------------|--|-----------------------------|
| From January 1 through June 30 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | NA <input type="checkbox"/> |
| From July 1 through December 31 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | NA <input type="checkbox"/> |

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

2006 FEB -7 PM 1:21
RECEIVED

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

2) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

3) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Christie Reese

Signature of Filer